For Office Use	License #:	Date Issued:	\$120

<u>Individual Application for Massage Therapy</u> Iowa Department of Public Health/Bureau of Professional Licensure

Board Office Telephone (515) 281-6959

Applicant is to complete section 1 and provide documents in section 2. The applicant must arrange to have the massage therapy school complete section 3. All sections are to be submitted to the board together. Applicants who attended an Iowa school with a board approved curriculum need to complete only Section 1, arrange for board approved examination results to be sent directly to the board, provide proof of CPR and first aid classes within one year of application or current certification and submit the appropriate fee. Check the board website at www.idph.state.ia.us/licensure to verify if the school curriculum is board approved. If not, complete all three sections. Note that Iowa does not pre-approve out-of-state curriculums.

****Section 1****

APPLICANT - Place Print or Type

ATTECANT-TRASCITING TYPE		
1		
3		
4. 5.		
4. City, State, Zip Code 5. E-Mail Address		
6		
Daytime Phone (Including Area Code) Date of Birth Social Secu	rity Number*	
9. Male Female Gender (optional question) 10. If any of your documentation is in a name other than your current name, list the previous n	ames of recor	<u>d.</u>
The following questions must be answered. If you answer "Yes" to any of the next six questions, (1) attack explanation providing the details of the incident, (2) attack a copy of any court ordered evaluations, showing recommendations, and (3) attack a copy of all official court documents regarding your conviction/malpractice so disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred your record.	ng complet uit, includi	ion and
11. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)?	Yes	No
12. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes	No
13. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).	Yes	No
14. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).	Yes	No
15. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No
16. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No

Education GED 17. General Education: High School 18. Name of Massage Therapy School: _____ 19. Is the school identified in question #18 Iowa Board approved? Yes \(\subseteq \text{No} \subseteq \) 20. Address: _ City Street State Zip Code 21. Owner or Director _____ 21. School Phone _____ 22. Is school currently operating? Yes No If NO, when did it close? 23. Dates you attended school through Official transcripts must be sent directly from the professional education institution to the Iowa board office. You must have a minimum of 600 hours of Iowa approved curriculum in massage therapy education. Examination 24. Have you passed the National Certification Examination for Therapeutic Massage & Bodywork (NCBTMB) or Massage and **□Yes □No** Bodywork Licensing Examination (MBLEx)? If yes, have you contacted the examination service and requested that your examination scores be sent to this office? Yes **If no,** are you scheduled to take the exam? Yes □No 25. When/will did you take the exam? You are required to arrange with the national testing examination service to have proof of passing the examination sent directly from the NCBTMB or MBLEx to the Iowa board office, Board receipt of this proof of passing is a part of this application. 26. Are you or have you been licensed in another state or country as a massage therapist? Yes No If yes you must have official verification sent directly from each state or country's regulatory office to the Iowa board office. Verifications must include the issue date, expiration date, and any pending or past disciplinary action.

List the two letter postal abbreviation of each state and if official verification from the licensing regulatory board has been

2

Are official license verification(s) ordered?

 Yes
 No

 Yes
 No

 Yes
 No

 Yes
 No

 Yes
 No

ordered below.

State Postal Abbreviations

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. **Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

I hereby certify that all the foregoing statement the Code of Iowa and the Administrative Code of		<u>.</u>	U	by the statutes of
Date	Signature of Applicant _	Applicant sign here in in	 k	

Section 2 documents to be submitted with the application.

****Section 2****

This is not required for applicants who attended an Iowa-based school with a board approved curriculum.

REQUIRED DOCUMENTS

Items 27 through 28 must be submitted with this completed application.

3

- 27. School catalog/ brochure
- 28. School curriculum

****Section 3****

This is not required for applicants who attended an Iowa-based Iowa board approved school.

DOCUMENTATION

Some of the items listed in this section require a narrative response. If space is required beyond what is supplied please feel free to use additional paper numbering your response to match the item number in this application.

Section 3 is to be completed by the School.

This is to be submitted with the rest of the application.

29. Is school accredited by an agency approved by the U.S. Department of Education? Yes No
30. If school is accredited by an agency approved by the U.S. Department of Education provide the name, address of the agency and contact information of that agency.
Verification – answer yes if you are confirming the statement is true and no if you are stating that it is not true.
31. The school has at least <u>600 hours</u> of instructor-supervised, in-classroom academic instruction. \square Yes \square No
Document(s) Page(s) Identify the document(s) and page number(s) where this is documented.
32. Student clinic hours -supervised at school site, does not exceed 100 hours for a 600 hour program. Yes No
33. What is the total number of program hours and the total number of clinical practice hours? Total Program Hours Total Clinical Practice Hours
34. The school requires a student to either have an accredited high school diploma or equivalent for school admission. Yes No
35. Briefly describe the curriculum delivery system (examples include multi-media, hands-on, on-line, lecture with instructors delivering curriculum, lab, supervised clinic, etc.).
36. Students are required to complete at least 200 hours of coursework in the content areas of fundamentals of massage therapy and assessment that includes indications and contraindications for treatment prior to providing services to the public and beginning the clinical practicum. Included in this 200 hours is a minimum of 100 hours in anatomy and physiology, which shall include the structure and function of the human body and common pathologies. Yes No
Signature required: I certify that I have carefully read items 29 through 36 on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me, are true and correct.
Signature and title of the school owner or school director

4

37. Curriculum Criteria and Documentation Form

Required Documents: School catalogue, school curriculum including a syllabus, class schedule with number of clock hours for each subject taught, a sample diploma and a sample transcript that identify the name of the graduate, name of the program, graduation date, and the degree, diploma or certificate awarded.

For each course provide the name and number of hours, the curriculum content area the course addresses (several content areas may apply), and name of the required documents including page reference where the class is described. If you are submitting documents in addition to the required documents that details something you want to highlight for a particular course then include it in the materials submitted with your application and make reference to it here.

Curriculum Content Area Coding (use this coding when completing the following information):

- 1. Fundamentals of massage therapy.
- 2. Clinical application of massage and bodywork therapies.
- 3. Client communication theory and practice.
- 4. Health care referral theory and practice.
- 5. Anatomy and physiology.
- 6. Kinesiology.
- 7. Pathology and skills in infection control, injury prevention and sanitation.
- 8. Iowa law and ethics.
- 9. Business management, including legal and financial aspects, documentation and record maintenance.
- 10. Wellness and healthy lifestyle theory and practice in such areas as hydrotherapy, hot and cold applications, spa techniques, nutrition, herbal studies, wellness models, somatic movement and energy work.
- 11. Other describe course content

Provide the following information for each course (Note the following example: Class Name <u>Anatomy</u> Hours <u>50</u> Content Area Number <u>5</u> Document <u>School catalog</u> Page <u>25</u>)

At least one course should be identified for each of the curriculum content areas with the exception of the content area "other." The "other" category is to be used to describe a course that is offered that does not fit into one of the required content areas. List all programs in the curriculum with the associated required information. Several content areas may apply to one course depending on the scope of the course.

		Content Area Numbers		-	
		Content Area Numbers			
Class Name	Hours	Content Area Numbers	Document	Page	
Class Name	Hours	Content Area Numbers	Document	Page	
Class Name	Hours	Content Area Numbers	Document	Page	
Class Name	Hours	Content Area Numbers	Document	Page	
Class Name	Hours	Content Area Numbers	Document	Page	

5

Class Name	Hours	Content Area Numbers	Document	Page
Class Name	Hours	Content Area Numbers	Document	Page
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Class Name		Content Area Numbers		
Class Name	Hours	Content Area Numbers	Document	Page
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Class Name	Hours	Content Area Numbers	Document	Page
Class Name	Hours	Content Area Numbers	Document	Page

6

APPLICANT'S CHECKLIST Note: Submit to the Board office all documents related to this approval application together. Applicants who attended an Iowa

board	approved Iowa	school	need to	complete	only sectio	n 1.	Check	professional	licensure	website at
www.id	lph.state.ia.us/licen	sure to ve	erify if the	school is bo	ard approved	. If not,	complete	all sections of	the applica	<u>tion.</u>
☐ 1. A	ll questions in Sect		-		gned and dated	l.				
☐ 2. A	ll documents requi School catalog/ School curriculu	brochure		included.						
☐ 3. C	ourse information	is docum	ented as re	equired in S	ection 3.					
☐ 4. St	upporting Docume	nts and fe	es require	ed for licens	ure					
	Non-refundab Therapy.	le license	e fee of \$	120. Check	or money ord	er must	be made	payable to the	Iowa Board	d of Massage
	Official school school's curriculur		_	•	-			stitution to the	Iowa board	office. Your
	Official Nation Massage and Boomexam service to the	lywork L	icensing 1	Examination						
	Proof of curr copies of both sid transcript documenti provides necessary p	es of young	r current tion of a C	certification PR class and	card(s) or ren a first-aid class	ewal car within or	rd (s) for	CPR and First	Aid Course	es. An official
	Official verification held a license in an Iowa board office.	y other st	ate(s) or co	ountry (ies) r	nust have verif	ication s	ent directl	y from each sta	ite or country	y office to the

Applications must be complete and signed to be processed. All required supporting documents and fees must be received in the Iowa board office before applications are considered complete. An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing.

Mail all application materials together to the following address:

Iowa Board of Massage Therapy Bureau of Professional Licensure Lucas State Office Building, 5th Floor 321 East 12th Street Des Moines, IA 50319-0075 515/281-6959 www.idph.state.ia.us/licensure

www.idph.state.ia.us/licensure

When you are licensed, you will be able to view and print your licensure status. Go to www.licensediniowa.gov. Click on License Search, insert your name, and select your profession. Your license and wallet card will be mailed to you after Active status is posted.